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IN THE CHITED STATES PATENT AND TRADEMARK OFFICE

n re Patent Application of)	
Jean-Jacques Braconnier)	Group Art Unit: 1712
Application No.: 10/009,733	Examiner: Daniel S. Metzmaier
Filing Date: May 1, 2002	Confirmation No.: 6028
Title: CERIUM PHOSPHATE AND/OR LANTHANIUM PHOSPHATE SOL, A PROCESS FOR ITS PREPARATION AND USE FOR POLISHING	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:			
Enclos	ed is a reply for the above-identified patent application.		
\boxtimes	A Petition for Extension of Time is enclosed.		
	Terminal Disclaimer(s) and the \$\Bigcup \$65 \$\Bigcup \$130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed.		
	Also enclosed is/are:		
	Small entity status is hereby claimed.		
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 395 \$\square\$ \$ 790 fee due under 37 C.F.R. § 1.17(e).		
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.		
	Applicant(s) previously submitted on for which continued examination is requested.		
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.		
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.		

Amendment/Reply Transmittal Letter Application No. <u>10/009,733</u> Attorney's Docket No. <u>1022701-000978</u> Page 2

	No additional claim fee is required.						
\boxtimes	An additional claim fee is required, and is calculated as shown below:						
AMENDED CLAIMS							
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additi	onal Fee
Total (Claims	10	Minus 20=	0	x \$ 50 (1202)	\$	C
Independent Claims		4	Minus 3=	1	x \$ 200 (1201)	-	200
If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$	0	
Total Claim Amendment Fee					\$	200	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee 0							
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT				\$	200		
<u> </u>							
Charge to Deposit Account No. 02-4800 for the fee due.							

	A check in the amount of	is enclosed for the fee due.		
\boxtimes	Charge \$ 200.00 to credit card for the fee due. Form PTO-2038 is attached.			
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.			
		Respectfully submitted,		
		BUCHANAMINGERSOLL PC		
Date	May 24, 2006	By: Scott W. Cummings Registration No. 41,567		
Alexar	Box 1404 ndria, VA 22313-1404 36.6620			
CERTIF	ICATION 1st Class Mail	Express Mail Fax None		